

How to report: Form 1095-B

Two requirements:

- File a Form 1095-B with the IRS, accompanied by a Form 1094-B transmittal. Filers of more than 250 Forms 1095-B must e-file. The IRS allows and encourages entities with fewer than 250 forms to e-file.
- Furnish a copy of the 1095-B to the responsible individual (generally the primary insured, employee, parent or uniformed services sponsor). You may electronically furnish the Form 1095-B with the individual's express, informed consent.

What information is reported?

- Name and taxpayer identification number of every covered individual. A date of birth may be entered if no TIN is available.
- Name and other information about the responsible individual. No TIN is required if the responsible individual is not covered.
- Months of coverage, including any month for which an individual is enrolled in MEC for at least one day.
- If the reporting is for insured employer-sponsored coverage, information about the employer, including the employer identification number, and unique Small Business Health Options Program identifier, if applicable. (SHOP identifier is not reported for 2014 coverage.)

Form 1095-B's sections

- **Part I**, Responsible Individual, is completed by all.
- **Part II**, Employer Sponsored Coverage, is completed only by an insurance company for a group health insurance plan. This section reports information about the employer that sponsored the coverage.
- **Part III**, Issuer or Other Provider, is for the provider of the coverage (insurance company, self-insured employer or government agency).
- **Part IV**, Covered Individuals, reports the name, TIN and coverage months for each covered individual.



Deadlines

Furnishing due date	January 31
Filing due dates	Paper - February 28 E-file - March 31

Additional resources

Tax Provisions

IRS website: [IRS.gov/ACA](https://www.irs.gov/aca)

Other Health Care Information

HHS website: [HealthCare.gov](https://www.healthcare.gov)
SBA website: [SBA.gov/healthcare](https://www.sba.gov/healthcare)
DOL website: [DOL.gov/ebsa/healthreform](https://www.dol.gov/ebsa/healthreform)

Affordable Care Act: Responsibilities for Health Coverage Providers

Understanding reporting requirements of the health care law

Under the Affordable Care Act, any entity that provides minimum essential coverage to individuals must report that coverage to the IRS and give the covered individuals information about the coverage to help them when filing their federal tax return.

This requirement affects:

- Health insurance issuers or carriers,
- The executive department or agency of a governmental unit providing coverage under a government-sponsored program,
- Plan sponsors of self-insured group health plan coverage, and
- Sponsors of coverage that the Department of Health and Human Services has designated as minimum essential coverage.

Note: If a provider is also an applicable large employer providing self-insured coverage it reports covered individuals on Form 1095-C instead of Form 1095-B, which is covered in this publication. Form 1095-C combines reporting for two provisions of the Affordable Care Act for these employers.

Applicable large employers should review [Publication 5196](#), *Reporting Requirements for Applicable Large Employers*.

Learn more about the Affordable Care Act at
www.irs.gov/aca

Types of minimum essential coverage

Government-sponsored programs	Medicare part A, most Medicaid programs, CHIP, most TRICARE, most VA programs, Peace Corps, DOD Non-appropriated Fund Program
Employer sponsored coverage	In general, any plan that is a group health plan under ERISA, which includes both insured and self-insured health plans. Importantly, employer plans that cover solely excepted benefits, such as stand-alone vision or dental plans, are not MEC
Individual market coverage	Includes qualified health plans enrolled in through the federally facilitated and state-based marketplaces and most health insurance purchased individually and directly from an insurance company
Grandfathered plans	Generally, any plan that existed before the ACA became effective and has not changed
Miscellaneous MEC	Other health benefits coverage recognized by the Department of Health and Human Services as MEC

About reporting

The general rule is that whoever provides the minimum essential coverage is responsible for reporting. However, there are exceptions, which reduce the reporting burden on entities that must report coverage of enrolled individuals through a different section of ACA.

These exceptions include:

- Individual market qualified health plans enrolled in through the Marketplace – the Marketplace must report on this coverage rather than the provider.
- Supplemental coverage to other MEC, if the same entity provides both primary and supplemental coverage.
- Supplements to government-sponsored coverage, like Medicare.

Who is the MEC provider?

The MEC provider varies for different types of MEC.

All insured coverage: MEC provider is the issuer or carrier providing the coverage (i.e., the insurance company) except for:

- Qualified health plans, as noted above
- Government sponsored programs such as Medicaid and Medicare Advantage that provide coverage through an issuer

Government-sponsored coverage: The provider is the government agency providing the coverage.

- For Medicare (including insured Medicare under Part C, which is also known as Medicare Advantage), the Medicare office reports.
- For Medicaid and CHIP, the state agencies administering the program must report.

Miscellaneous MEC: In general, the entity sponsoring the coverage does the reporting.



Self-insured employer-sponsored coverage:

For self-insured employer sponsored coverage, the MEC provider is the plan sponsor, regardless of the size of the employer.

The plan sponsor is:

- For self-insured plans covering only employees of a single employer, the employer.
- For self-insured plans covering employees of more than one employer, each employer for its own employees.
- For multiemployer (union) plans, the committee, association, board of trustees, or similar group maintaining the plan.
- For multiple employer welfare arrangements, each participating employer for its own employees.

Government employers: Government employers may designate another governmental unit to report for the government employer. The designee must be related to or part of the government employer.

For more information, visit www.IRS.gov/aca